

Seborrhoeic dermatitis

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Contents

[Epidemiology](#)

[Symptoms and signs](#)

[Aetiology and pathophysiology](#)

[Diagnosis](#)

[Treatment](#)

[Bibliography](#)

Epidemiology

- Usually occurs in adults (aged 18 - 40 years) in areas rich in sebaceous glands.
- Men are more commonly affected than women.

Symptoms and signs

Sites of predilection

- Affected skin areas in order of frequency
 - Scalp
 - Face (See Picture 1 of the corresponding full text guideline available on the EBM Web site); eyebrows, nasolabial creases (See Picture 2 of the corresponding full text guideline available on the EBM Web site), sideboard (sideburn) areas (See Pictures 3, 4 of the corresponding full text guideline available on the EBM Web site)
 - Ears and ear canals
 - Mid-upper parts of the chest and back (See Picture 5 of the corresponding full text guideline available on the EBM Web site) ("perspiration creases")
 - Buttock crease, inguinal area, genitals (See Picture 6 of the corresponding full text guideline available on the EBM Web site) and armpits
 - Only rarely becomes generalized.

Clinical picture

- Greasy or dry scaling of the scalp, sometimes a "cradle cap" (See Picture 7 of the corresponding full text guideline available on the EBM Web site)
- Mildly scaling eczematous patches on the face (See Pictures 8, 9 of the corresponding full text guideline available on the EBM Web site) at typical locations, often with itch and stinging
- Itch and inflammation of the ear canal
- Blepharitis
- Well-demarcated eczematous patches on mid-upper trunk.
- Intertrigo

Aetiology and pathophysiology

- Increased layer of sebum on the skin, quality of the sebum, and the immunological response of the patient favour the growth of *Pityrosporum* yeast.
- Degradation of the sebum irritates the skin and causes eczema.

Diagnosis

- Based on the typical clinical presentation and location of the eczema.
- In psoriasis (See related EBM Guideline: **Psoriasis** available on the EBM Web site) the scales are thicker, and the sites of predilection are different (elbows, knees). Psoriasis often occurs familially.

Treatment

- The treatment does not cure the disease permanently. Therefore it must be repeated when the symptoms recur, or even prophylactically (Level of Evidence = B; Evidence Summary available on the EBM Web site).

Removing the thick scales and decreasing the amount of sebum

- The scales can be softened with a cream containing salicylic acid and sulphur (but not vaseline) or by wetting and washing.
- Seborrhoeic skin should be washed more often than usual.

Decreasing fungal growth

- Washing the scalp with ketoconazole shampoo (Level of Evidence = B; Evidence Summary available on the EBM Web site)
- Topical treatment with emulsions containing imidazole derivatives
- Antimycotic on skin creases (rarely necessary)
- Sometimes ultraviolet light therapy

Symptomatic topical treatment

- Corticosteroid liniments for the scalp (class I - III) (Level of Evidence = B; Evidence Summary

available on the EBM Web site)

- Corticosteroid creams for other parts of the body (class I - II)
- Moisturizing emollients after washing
- Ketoconazole shampoo and corticosteroid liniments must often be combined in therapy-resistant cases.

Bibliography

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